

NY STATE CLIENT SEMI-ANNUAL REPORT

CSR 52429

Marking Instructions: Please type or use blue or black ink pen.
 Completely fill in one circle.
 Print legible numbers and block letters, no script.

COMPLETE ALL SECTIONS
 before submitting or form will be returned.

I Reporting Information

Year: 2013
 Fill in circle if amendment ☐
 Report Period: ☒ January/June ☐ July/December
 Type of Lobbying: ☒ Nonprocurement ☐ Procurement ☐ Both
 Client Filing Fee Check Number: 23612

FOR OFFICE USE ONLY

III: attach pg. 132039
 Versio - 518-465-1473
 IV: (C) attach. 132039
 pgs. on back of form
 HAND DELIVERED
 ENID SEP 09 2013
 RECEIVED JUL 15 2013
 CL # 23612 \$50. -

II Client Information

Name: New York State Association of Counties and Its Affiliated Organizations
 Permanent Business Address: 540 Broadway, 5th Floor
 City: Albany State: NY ZIP code: 12207
 Business Phone: (518) 465-1473 Fax Number: (518) 465-0506
 Third Party Beneficiary (see instructions):

III Lobbyist(s) Information & Compensation (Current Period Only)

Any individual or organization that has lobbied on behalf of the client must be reported below, regardless of whether the threshold was exceeded by that individual or organization.

A	Type of Lobbyist: <input type="radio"/> Retained <input checked="" type="radio"/> Employed <input type="radio"/> Designated
	Level of Gov't: <input checked="" type="radio"/> State Lobbying <input type="radio"/> Local Lobbying <input type="radio"/> Both
	Name: Stephen Acquario Phone Number: (518) 465-1473
	Address: 540 Broadway 5th Floor
	City: Albany State: NY ZIP code: 12207
	Compensation for current period: \$ 3052.00
B	Type of Lobbyist: <input type="radio"/> Retained <input checked="" type="radio"/> Employed <input type="radio"/> Designated
	Level of Gov't: <input checked="" type="radio"/> State Lobbying <input type="radio"/> Local Lobbying <input type="radio"/> Both
	Name: Dave Lucas Phone Number: (518) 465-1473
	Address: 540 Broadway, 5th Floor
	City: Albany State: NY ZIP code: 12207
	Compensation for current period: \$ 28,375.00
C	Type of Lobbyist: <input type="radio"/> Retained <input checked="" type="radio"/> Employed <input type="radio"/> Designated
	Level of Gov't: <input checked="" type="radio"/> State Lobbying <input type="radio"/> Local Lobbying <input type="radio"/> Both
	Name: Patrick Cummings Phone Number: (518) 465-1473
	Address: 540 Broadway 5th Floor
	City: Albany State: NY ZIP code: 12207
	Compensation for current period: \$ 7911.00
<input checked="" type="radio"/> Continued on attached pages	
D	TOTAL COMPENSATION of ALL lobbyists for current period.....(A+B+C+addendum sheets): \$ 64392.00

Designated Addendum sheet for sections III and IV

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

III Lobbyist(s) Information & Compensation (Current Period Only)

Any individual or organization that has lobbied on behalf of the client must be reported below, regardless of whether the threshold was exceeded by that individual or organization.

Type of Lobbyist: <input type="radio"/> Retained <input checked="" type="radio"/> Employed <input type="radio"/> Designated
Level of Gov't: <input checked="" type="radio"/> State Lobbying <input type="radio"/> Local Lobbying <input type="radio"/> Both
Name: <u>Mark LaVigne</u> Phone Number: <u>(518) 465-1473</u>
Address: <u>540 Broadway 5th Floor</u>
City: <u>Albany</u> State: <u>NY</u> ZIP code: <u>12207</u>
Compensation for current period: \$ <u>3718.00</u>
Type of Lobbyist: <input type="radio"/> Retained <input checked="" type="radio"/> Employed <input type="radio"/> Designated
Level of Gov't: <input checked="" type="radio"/> State Lobbying <input type="radio"/> Local Lobbying <input type="radio"/> Both
Name: <u>Melissa Tiberio</u> Phone Number: <u>(518) 465-1473</u>
Address: <u>540 Broadway 5th Floor</u>
City: <u>Albany</u> State: <u>NY</u> ZIP code: <u>12207</u>
Compensation for current period: \$ <u>6371.00</u>
Type of Lobbyist: <input type="radio"/> Retained <input checked="" type="radio"/> Employed <input type="radio"/> Designated
Level of Gov't: <input checked="" type="radio"/> State Lobbying <input type="radio"/> Local Lobbying <input type="radio"/> Both
Name: <u>Kathryn Vescio</u> Phone Number: _____
Address: <u>540 Broadway 5th Floor</u>
City: <u>Albany</u> State: <u>NY</u> ZIP code: <u>12207</u>
Compensation for current period: \$ <u>14965.00</u>

IV Other Expenses (Current Semi-Annual Period Only)

PAID TO: <u>IN House Copies</u> DATE: <u>6/30/2013</u> <input type="radio"/> Ad <input type="radio"/> Social Event
PURPOSE: <u>Copying</u> AMOUNT: \$ <u>2140.00</u> <input type="radio"/> *Addendum attached
<input type="radio"/> PROCUREMENT <input checked="" type="radio"/> NONPROCUREMENT
PAID TO: <u>Time Warner / NY Wired</u> DATE: <u>6/30/2013</u> <input type="radio"/> Ad <input type="radio"/> Social Event
PURPOSE: <u>Internet Services</u> AMOUNT: \$ <u>3107.00</u> <input type="radio"/> *Addendum attached
<input type="radio"/> PROCUREMENT <input checked="" type="radio"/> NONPROCUREMENT
PAID TO: <u>Time Warner / Verizon</u> DATE: <u>6/30/2013</u> <input type="radio"/> Ad <input type="radio"/> Social Event
PURPOSE: <u>Phone</u> AMOUNT: \$ <u>2005.00</u> <input type="radio"/> *Addendum attached
<input type="radio"/> PROCUREMENT <input checked="" type="radio"/> NONPROCUREMENT
PAID TO: _____ DATE: <u>/ /</u> <input type="radio"/> Ad <input type="radio"/> Social Event
PURPOSE: _____ AMOUNT: \$ _____ .00 <input type="radio"/> *Addendum attached
<input type="radio"/> PROCUREMENT <input type="radio"/> NONPROCUREMENT
PAID TO: _____ DATE: <u>/ /</u> <input type="radio"/> Ad <input type="radio"/> Social Event
PURPOSE: _____ AMOUNT: \$ _____ .00 <input type="radio"/> *Addendum attached
<input type="radio"/> PROCUREMENT <input type="radio"/> NONPROCUREMENT

IV

PAID TO: Hotel Albany	DATE: 03 /31 /2013	Ad	Social Event
PURPOSE: Banquet: Food/Beverage	AMOUNT: \$11,009	*Addendum attached	
PROCUREMENT <input checked="" type="checkbox"/> NONPROCUREMENT			
PAID TO: Camelot Copy Center	DATE: 02/28 /2013	Ad	Social Event
PURPOSE: Printing invite	AMOUNT: \$ 184 .00	*Addendum attached	
PROCUREMENT <input checked="" type="checkbox"/> NONPROCUREMENT			
PAID TO: Studio 136	DATE: 2/28 /2013	Ad	Social Event
PURPOSE: Design Invite	AMOUNT: \$ 84 .00	*Addendum attached	
PROCUREMENT <input checked="" type="checkbox"/> NONPROCUREMENT			
PAID TO: Camelot Copy Center	DATE: 3/ 31/2013	Ad	Social Event
PURPOSE: Advocacy Day Packets	AMOUNT: \$491 .00	*Addendum attached	
PROCUREMENT <input checked="" type="checkbox"/> NONPROCUREMENT			
PAID TO: Camelot Copy Center	DATE: 03 /31 /2013	Ad	Social Event
PURPOSE: Legislative Booklet	AMOUNT: \$ 252 .00	*Addendum attached	
PROCUREMENT <input checked="" type="checkbox"/> NONPROCUREMENT			
PAID TO: Zap Courier Service	DATE: 02/28/2013	Ad	Social Event
PURPOSE: Delivery	AMOUNT: \$ 135 .00	*Addendum attached	
PROCUREMENT <input checked="" type="checkbox"/> NONPROCUREMENT			
PAID TO: Zap Courier Service	DATE: 3/31 /2013	Ad	Social Event
PURPOSE: Delivery	AMOUNT: \$ 970 .00	*Addendum attached	
PROCUREMENT <input checked="" type="checkbox"/> NONPROCUREMENT			
PAID TO: Association Development Group	DATE: 04/30 /2013	Purpose: Invitations + Postage	al Event
PURPOSE:	AMOUNT: \$ 633.00		hed
PROCUREMENT NONPROCUREMENT			
PAID TO: Zap Courier Service	DATE: 03/31 /2013		al Event
PURPOSE: Delivery	AMOUNT: \$ 630 .00		hed
PROCUREMENT <input checked="" type="checkbox"/> NONPROCUREMENT			
PAID TO: Birch Hill	DATE: 03/31 /2013		al Event
PURPOSE: Catering service	AMOUNT: \$2344 .00		ied
PROCUREMENT <input checked="" type="checkbox"/> NONPROCUREMENT			
PAID TO: Association Development Group	DATE: 03/31 /2013	Ad	Social Event
PURPOSE: Invitations & Postage	AMOUNT: \$ 137 .00	*Addendum attached	
PROCUREMENT <input checked="" type="checkbox"/> NONPROCUREMENT			
PAID TO: W.B. Mason	DATE: 02/28 /2013	Ad	Social Event
PURPOSE: Folders	AMOUNT: \$ 116 .00	*Addendum attached	
PROCUREMENT <input checked="" type="checkbox"/> NONPROCUREMENT			

IV Other Expenses (Current Semi-Annual Period Only)

[illegible]

BILL NUMBERS

ch1L.2013

BILL NUMBERS

Ex. Program Bill #3

[illegible]

perm 33C

2013 Home Rule Tax Extenders and Increases

A.6763 (Fahy)/S.4683(Breslin)
A.6645 (Giglio)/S.4454 (Young)
A.6438 (Lupardo)/ S.3675 (Libous)
A.6738 (Giglio)/S.4608(Young)
A.7031 (Finch) / S.4698(Rules)
S.4849 (Young) / A.7165 (Goodell)
A.6376 (Friend)/S.4263 (O'Mara)
A.2841 (Crouch)/S.2347 (Libous)
A. 6921 (Duprey) / S.4462 (Little)
A.6826 (McLaughlin)/S.4621(Marchione)
A.7186 (Lifton) / S.4918 (Seward)
A.5831 (Crouch) / S.4823 (Bonacic)
A.5420 (Skartados)/S.4439 (Gipson)
A.6533 (Schiminger)/S.4458 (Ranzenhofer)
A.6592 (Stec)/S.4558 (Little)
A.6548 (Stec)/S.4531 (Little)
A.6925 (Duprey) / S.4463 (Little)
A.6572 (Butler)/S.4555 (Farley)
A.6734 (Hawley) / S.4436 (Ranzenhofer)
A.5840 (Lopez) / S.5021 (Tkaczyk)
A.7020 (Butler) / S.4882 (Farley)
A.6614 (Butler)/S.4559 (Seward)
A.7374 (Blankenbush) / S.5061 (Ritchie)
A.7599 (Blackenbush)/ S.4983 (Griffo)
A.7371 (Blankenbush) / S.5103 (Griffo)
A.7267 (Nojay) / S.4430 (Gallivan)
A.6825 (Magee)/S.4651(Valesky)
A.6754 (Gantt)/S.4702(Rules)
A. 7658 (Santabarbara) S.5492 (Tkaczyk)
A.8028 (Saladino) / S.5146 (Rules)
A.7040 (Corwin) / S.4704 (Rules)
A.7265 (Brindisi) / S.4982 (Griffo)
A.5499 (Magnarelli)/S.4564 (DeFrancisco)
A.5035 (Kolb) / S.4699 (Rules)
A.6739 (Rabbitt)/S.4646(Larkin)
A.6733 (Hawley)/S.4703(Rules)
A.7042 (Barclay) / S.5062 (Ritchie)
A.6050 (Magee) / S.4018 (Seward)
A.7353 (Galef) / S.5151 (Rules)
A.6736 (McDonald) / S.4561(Marchione)
A.6577 (Jaffee)/S.4635(Carlucci)
A.4761 (Russell) / S.5104 (Ritchie)
A.7224 (Steck) / S.4566 (Farley)
A.6315 (Lopez) / S.4019 (Seward)
A.5038 (Palmesano)/S.3699 (O'Mara)
A.6587 (Kolb)/S.4701(Rules)

A.6243 (Palmesano)/S.4264 (O'Mara)
A.7180 (Sweeney) / S.5003 (Rules)
A.7321 (Gunther) / S.5204 (Bonacic)
A.5902 (Friend) / S.3665 (Libous)
A.6458 (Lifton) / S.4123 (O'Mara)
A.5130 (Skartados)/S.4516 (Larkin)
A.6737 (Oaks) / S.4700(Rules)
A.7135 (DiPietro) / S.4837 (Gallivan)
A.6416 (Palmesano)/S.4330 (O'Mara)
A.1900 (Hooper)
A.8029 (Saladino) / S.5147 (Rules)
A.5454 (Butler)
A.7431 (Goodell) / S.5088 (Young)
S.5487 (O'Mara)
A.7513 (Lifton) S.5047 (Seward)
A.6573 (Butler) / S.4556 (Farley)
A. 6732 (Hawley) / S.4437 (Ranzenhofer)
A.6314 (Lopez)/S.4020 (Seward)
A.6682 (Lifton)/ S.4661 (O'Mara)
A.6827 (McLaughlin) / S.4620 (Marchione)
S.3812 (Marcellino) / A.7713 (Galef)
A.6168 (Lifton)/S.4167 (Seward)
S.4866 (Griffo)
S.5809 (Nozzolio) / A.8035 (Morelle)

IV Other Expenses (Current Semi-Annual Period Only)

A Report in the aggregate all expenses less than or equal to \$75: \$ 0.00

B Report in the aggregate all expenses for salaries of non-lobbying employees: \$ 5122.00

C Itemize each expense exceeding \$75:

PAID TO: West Group DATE: 6/30/2013 ☐ Ad ☐ Social Event

PURPOSE: Legislative Research AMOUNT: \$ 5656.00 ☐ *Addendum attached

☐ PROCUREMENT ☒ NONPROCUREMENT

PAID TO: IR House Postage DATE: 6/30/2013 ☐ Ad ☐ Social Event

PURPOSE: postage AMOUNT: \$ 1050.00 ☐ *Addendum attached

☐ PROCUREMENT ☒ NONPROCUREMENT

☒ Continued on attached pages

* If any expense listed above exceeds \$75 for an individual, you must attach the addendum page listing the expense, dollar amount attributable to the individual and the name, title and employer of the individual.

D Total expenses for current period: \$ 102654.00 (if applicable, include all expenses from attached pages in total)

V Source of Funding Disclosure

Instructions: In the event only one person or entity is listed as the Single Source for a Contribution(s), use Section A. In the event multiple persons or entities have been aggregated as a Single Source for a Contribution(s), use Section B.

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received. If more than five Contributions from the Single Source have been received, use section V(C) of the Addendum for the additional Contributions.

Contribution(s) from Single Source #1

Single Source Entity's Name: Albany County

or
Single Source Person's Last Name: First Name:

Address: 112 State Street

City: Albany State: NY ZIP code: 12207

Phone:

Date Contribution Received: 1/11/2013 Amount of Contribution: \$ 2831.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contribution(s) Single Source #2

Single Source Entity's Name: Allegany County

or
Single Source Person's Last Name: First Name:

Address: County Office Building 7 Court Street

City: Belmont State: NY ZIP code: 14813

Phone:

Date Contribution Received: 1/17/2013 Amount of Contribution: \$ 608.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Check here if there are Contribution(s) from Single Source(s) other than those listed above. Use Section V(A) of the Addendum to list all such Contributions: ☐

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source #3Single Source Entity's Name: Bank of Americaor
Single Source Person's Last Name:

First Name:

Address: Kierman PlazaCity: AlbanyState: NYZIP code: 12207

Phone:

Date Contribution Received:	<u>1 / 1 / 2013</u>	Amount of Contribution: \$	<u>1200.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$	<u>.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$	<u>.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$	<u>.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$	<u>.00</u>

Check here if using section V(C) of the Addendum for additional Contributions: ☐**Contributions from Single Source # 4**Single Source Entity's Name: Bonadio Groupor
Single Source Person's Last Name:

First Name:

Address: 171 Sully's Trail, Suite 201City: Pittsford NY 14534

State:

ZIP code:

Phone:

Date Contribution Received:	<u>1 / 28 / 2013</u>	Amount of Contribution: \$	<u>322.00</u>
Date Contribution Received:	<u>2 / 6 / 2013</u>	Amount of Contribution: \$	<u>100.00</u>
Date Contribution Received:	<u>4 / 29 / 2013</u>	Amount of Contribution: \$	<u>.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$	<u>.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$	<u>.00</u>

Check here if using section V(C) of the Addendum for additional Contributions: ☐**Contributions from Single Source # 5**Single Source Entity's Name: Broome Countyor
Single Source Person's Last Name:

First Name:

Address: PO Box 1766 Edwin L Crawford County OfficeCity: BinghamtonState: NYZIP code: 13902

Phone:

Date Contribution Received:	<u>1 / 28 / 2013</u>	Amount of Contribution: \$	<u>1944.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$	<u>.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$	<u>.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$	<u>.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$	<u>.00</u>

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source # 6

Single Source Entity's Name: Cattaraugus County

or
Single Source Person's Last Name:

First Name:

Address: 303 Court Street

City: Little Valley

State: NY

ZIP code: 14755

Phone:

Date Contribution Received:	<u>11/14/2013</u>	Amount of Contribution: \$	<u>837</u> .00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions:

☐

Contributions from Single Source # 7

Single Source Entity's Name: Cayuga County

or
Single Source Person's Last Name:

First Name:

Address: 160 Genesee St.

City: Auburn

State: NY

ZIP code: 13021

Phone:

Date Contribution Received:	<u>11/17/2013</u>	Amount of Contribution: \$	<u>830</u> .00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions:

☐

Contributions from Single Source # 8

Single Source Entity's Name: Chautauqua County

or
Single Source Person's Last Name:

First Name:

Address: 3 North Erie Street

City: Mayville

State: NY

ZIP code: 14757

Phone:

Date Contribution Received:	<u>11/7/2013</u>	Amount of Contribution: \$	<u>1308</u> .00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions:

☐

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source #39

Single Source Entity's Name: Chemung County

or
Single Source Person's Last Name:

First Name:

Address: 320 E. Market Street PO Box 588

City: Elmira

State: NY

ZIP code: 14902

Phone:

Date Contribution Received:	<u>1 / 23 / 2013</u>	Amount of Contribution: \$	<u>891</u> .00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source #10

Single Source Entity's Name: Chenango County

or
Single Source Person's Last Name:

First Name:

Address: County Office Bldg 5 Court Street

City: Norwich

State: NY

ZIP code: 13815

Phone:

Date Contribution Received:	<u>1 / 11 / 2013</u>	Amount of Contribution: \$	<u>608</u> .00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source #11

Single Source Entity's Name: Clinton County

or
Single Source Person's Last Name:

First Name:

Address: County Government Center 137 Margaret Street

City: Plattsburgh

State: NY

ZIP code: 12901

Phone:

Date Contribution Received:	<u>1 / 14 / 2013</u>	Amount of Contribution: \$	<u>842</u> .00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source # 12

Single Source Entity's Name: Columbia County

or
Single Source Person's Last Name:

First Name:

Address: Po Box 574

City: Hudson

State: NY

ZIP code: 12534

Phone:

Date Contribution Received:	<u>2/6/2013</u>	Amount of Contribution: \$	<u>895</u> .00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source # 13

Single Source Entity's Name: Communities Program Management LLC

or
Single Source Person's Last Name:

First Name:

Address: 2033 North Main St, Suite 700

City: Walnut Creek

State: CA

ZIP code: 94596

Phone:

Date Contribution Received:	<u>1/31/2013</u>	Amount of Contribution: \$	<u>500</u> .00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source # 14

Single Source Entity's Name: Cortland County

or
Single Source Person's Last Name:

First Name:

Address: County Office Building 60 Central Ave

City: Cortland

State: NY

ZIP code: 13045

Phone:

Date Contribution Received:	<u>1/28/2013</u>	Amount of Contribution: \$	<u>589</u> .00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source # 15

Single Source Entity's Name: County Nursing Facilities of NY

or
Single Source Person's Last Name:

First Name:

Address: 540 Broadway

City: Albany

State: NY

ZIP code: 12207

Phone:

Date Contribution Received:	<u>2/12/2013</u>	Amount of Contribution: \$	<u>250.00</u>
Date Contribution Received:	<u>5/14/2013</u>	Amount of Contribution: \$	<u>250.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$	<u>.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$	<u>.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$	<u>.00</u>

Check here if using section V(C) of the Addendum for additional Contributions:

☐

Contributions from Single Source # 16

Single Source Entity's Name: CSC

or
Single Source Person's Last Name:

First Name:

Address: PO Box

City:

State:

ZIP code:

Phone:

Date Contribution Received:	<u>1/28/2013</u>	Amount of Contribution: \$	<u>550.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$	<u>.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$	<u>.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$	<u>.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$	<u>.00</u>

Check here if using section V(C) of the Addendum for additional Contributions:

☐

Contributions from Single Source # 17

Single Source Entity's Name: Delaware County

or
Single Source Person's Last Name:

First Name:

Address: Senator Cook office Building 111 Main Street

City: Delhi

State: NY

ZIP code: 13753

Phone:

Date Contribution Received:	<u>1/24/2013</u>	Amount of Contribution: \$	<u>728.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$	<u>.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$	<u>.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$	<u>.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$	<u>.00</u>

Check here if using section V(C) of the Addendum for additional Contributions:

☐

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source # 18

Single Source Entity's Name: Dutchess County

or
Single Source Person's Last Name:

First Name:

Address: County Office Building 22 Market St

City: Poughkeepsie

State: NY

ZIP code: 12601

Phone:

Date Contribution Received:	<u>1 / 14 / 2013</u>	Amount of Contribution: \$	<u>3011</u>	.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions:

☐

Contributions from Single Source # 19

Single Source Entity's Name: Eric County

or
Single Source Person's Last Name:

First Name:

Address: Rath Building 95 Franklin Street

City: Buffalo

State: NY

ZIP code: 14202

Phone:

Date Contribution Received:	<u>2 / 6 / 2013</u>	Amount of Contribution: \$	<u>6045</u>	.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions:

☐

Contributions from Single Source # 20

Single Source Entity's Name: Essex County

or
Single Source Person's Last Name:

First Name:

Address: Government Center 7551 Court St. Po Box 217

City: Elizabeth town

State: NY

ZIP code: 12932

Phone:

Date Contribution Received:	<u>1 / 24 / 2013</u>	Amount of Contribution: \$	<u>652</u>	.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions:

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Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source # 21

Single Source Entity's Name: Franklin County

or
Single Source Person's Last Name:

First Name:

Address: 355 West Main Street Suite 456

City: Malone

State: NY

ZIP code: 12953

Phone:

Date Contribution Received:	<u>1 / 28 / 2013</u>	Amount of Contribution: \$	<u>621</u> .00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source # 22

Single Source Entity's Name: Fulton County

or
Single Source Person's Last Name:

First Name:

Address: County Building 223 West Main Street

City: Johnstown

State: NY

ZIP code: 12095

Phone:

Date Contribution Received:	<u>1 / 17 / 2013</u>	Amount of Contribution: \$	<u>658</u> .00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source # 23

Single Source Entity's Name: Genesee County

or
Single Source Person's Last Name:

First Name:

Address: Old Courthouse

City: Batavia

State: NY

ZIP code: 14020

Phone:

Date Contribution Received:	<u>1 / 14 / 2013</u>	Amount of Contribution: \$	<u>700</u> .00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source # 24

Single Source Entity's Name: Greene County

or
Single Source Person's Last Name:

First Name:

Address:

City: 411 Main Street PO Box 467

State: NY

ZIP code: 12414

Phone: Catskill

Date Contribution Received:	<u>1/24/2013</u>	Amount of Contribution: \$	<u>723</u> .00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions:

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Contributions from Single Source # 25

Single Source Entity's Name: HerKimer County

or
Single Source Person's Last Name:

First Name:

Address: 109 Mary Street Suite 1302

City: HerKimer

State: NY

ZIP code: 13350

Phone:

Date Contribution Received:	<u>2/14/2013</u>	Amount of Contribution: \$	<u>756</u> .00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions:

☐

Contributions from Single Source # 26

Single Source Entity's Name: Hiscock & Barclay, LLP

or
Single Source Person's Last Name:

First Name:

Address: 50 Beaver Street

City: Albany

State: NY

ZIP code: 12207

Phone:

Date Contribution Received:	<u>1/23/2013</u>	Amount of Contribution: \$	<u>4500</u> .00
Date Contribution Received:	<u>3/26/2013</u>	Amount of Contribution: \$	<u>1500</u> .00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions:

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Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source # 27

Single Source Entity's Name: Jefferson County

or
Single Source Person's Last Name:

First Name:

Address: 195 Arsenal Street

City: Watertown

State: NY

ZIP code: 13601

Phone:

Date Contribution Received:	<u>1 / 25 / 2013</u>	Amount of Contribution: \$	<u>1040</u> .00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions:

☐

Contributions from Single Source # 28

Single Source Entity's Name: Livingston County

or
Single Source Person's Last Name:

First Name:

Address: Government Center 6 Court Street

City: Geneseo

State: NY

ZIP code: 14454

Phone:

Date Contribution Received:	<u>1 / 11 / 2013</u>	Amount of Contribution: \$	<u>717</u> .00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions:

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Contributions from Single Source # 29

Single Source Entity's Name: Madison County

or
Single Source Person's Last Name:

First Name:

Address: Po Box 635

City: Wampsville

State: NY

ZIP code: 13163

Phone:

Date Contribution Received:	<u>2 / /</u>	Amount of Contribution: \$	<u>5837</u> .00
Date Contribution Received:	<u>2 / 19 / 2013</u>	Amount of Contribution: \$	<u>755</u> .00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions:

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Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source #30

Single Source Entity's Name: Monroe County

or
Single Source Person's Last Name:

First Name:

Address: 402 County Office Bldg

City: Rochester

State: NY

ZIP code: 14614

Phone:

Date Contribution Received:	<u>2/19/2013</u>	Amount of Contribution: \$	<u>5837.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$	<u>.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$	<u>.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$	<u>.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$	<u>.00</u>

Check here if using section V(C) of the Addendum for additional Contributions:

☐

Contributions from Single Source # 31

Single Source Entity's Name: Montgomery County

or
Single Source Person's Last Name:

First Name:

Address: 20 Park Street

City: Fonda

State: NY

ZIP code: 12068

Phone:

Date Contribution Received:	<u>1/09/2013</u>	Amount of Contribution: \$	<u>608.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$	<u>.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$	<u>.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$	<u>.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$	<u>.00</u>

Check here if using section V(C) of the Addendum for additional Contributions:

☐

Contributions from Single Source # 32

Single Source Entity's Name: Municipal Electric & Gas Alliance

or
Single Source Person's Last Name:

First Name:

Address: PO Box 88

City: Ithaca

State: NY

ZIP code: 14851

Phone:

Date Contribution Received:	<u>4/5/2013</u>	Amount of Contribution: \$	<u>120.00</u>
Date Contribution Received:	<u>5/15/2013</u>	Amount of Contribution: \$	<u>2370.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$	<u>.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$	<u>.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$	<u>.00</u>

Check here if using section V(C) of the Addendum for additional Contributions:

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Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source #33

Single Source Entity's Name: National Association of Counties

or
Single Source Person's Last Name:

First Name:

Address: PO Box 79007

City: Baltimore

State: MD

ZIP code: 21279

Phone:

Date Contribution Received:	<u>2/12/2013</u>	Amount of Contribution: \$	<u>50.00</u>
Date Contribution Received:	<u>4/14/2013</u>	Amount of Contribution: \$	<u>50.00</u>
Date Contribution Received:	<u>4/25/2013</u>	Amount of Contribution: \$	<u>92.00</u>
Date Contribution Received:	<u>5/21/2013</u>	Amount of Contribution: \$	<u>1468.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$	<u>.00</u>

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source #34

Single Source Entity's Name: NASSAU County

or
Single Source Person's Last Name:

First Name:

Address: 1550 Franklin Avenue

City: Mineola

State: NY

ZIP code: 11501

Phone:

Date Contribution Received:	<u>2/27/2013</u>	Amount of Contribution: \$	<u>6045.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$	<u>.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$	<u>.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$	<u>.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$	<u>.00</u>

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source #35

Single Source Entity's Name: New York City

or
Single Source Person's Last Name:

First Name:

Address: 100 Gold Street

City: New York

State: NY

ZIP code: 10038

Phone:

Date Contribution Received:	<u>3/20/2013</u>	Amount of Contribution: \$	<u>6045.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$	<u>.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$	<u>.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$	<u>.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$	<u>.00</u>

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source #36

Single Source Entity's Name: Niagara County

or
Single Source Person's Last Name:

First Name:

Address: 59 Park Ave

City: Lockport

State: NY

ZIP code: 14094

Phone:

Date Contribution Received:	<u>1/28/2013</u>	Amount of Contribution: \$	<u>1885</u> .00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source #37

Single Source Entity's Name: NYS Local Government Services Foundation

or
Single Source Person's Last Name:

First Name:

Address: 150 State Street

City: Albany

State: NY

ZIP code: 12207

Phone:

Date Contribution Received:	<u>4/10/2013</u>	Amount of Contribution: \$	<u>13732</u> .00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source #38

Single Source Entity's Name: O'Connor Davies LLP

or
Single Source Person's Last Name:

First Name:

Address: 500 Mamaroneck Avenue

City: Harrison

State: NY

ZIP code: 10528

Phone:

Date Contribution Received:	<u>1/28/2013</u>	Amount of Contribution: \$	<u>400</u> .00
Date Contribution Received:	<u>4/15/2013</u>	Amount of Contribution: \$	<u>195</u> .00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source #39

Single Source Entity's Name: Oneida County

or
Single Source Person's Last Name:

First Name:

Address: Office Building 800 Park Ave

City: Utica

State: NY

ZIP code: 13501

Phone:

Date Contribution Received:	<u>1 / 17 / 2013</u>	Amount of Contribution: \$	<u>2028</u> .00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions:

☐

Contributions from Single Source #40

Single Source Entity's Name: Onondaga County

or
Single Source Person's Last Name:

First Name:

Address: 421 Montgomery Street

City: Syracuse

State: NY

ZIP code: 13202

Phone:

Date Contribution Received:	<u>1 / 24 / 2013</u>	Amount of Contribution: \$	<u>3902</u> .00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions:

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Contributions from Single Source #41

Single Source Entity's Name: Ontario County

or
Single Source Person's Last Name:

First Name:

Address: County Municipal Bldg. 20 Ontario Street

City: Canandaigua

State: NY

ZIP code: 14424

Phone:

Date Contribution Received:	<u>1 / 24 / 2013</u>	Amount of Contribution: \$	<u>1062</u> .00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions:

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Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source # 42

Single Source Entity's Name: Orange County

or
Single Source Person's Last Name:

First Name:

Address: 40 Matthews Street

City: Goshen

State: NY

ZIP code: 10924

Phone:

Date Contribution Received: 3 / 15 / 2013 Amount of Contribution: \$ 3230 .00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source # 43

Single Source Entity's Name: Orleans County

or
Single Source Person's Last Name:

First Name:

Address: 3 South Main St.

City: Abion

State: NY

ZIP code: 14411

Phone:

Date Contribution Received: 2 / 22 / 2013 Amount of Contribution: \$ 551 .00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source # 44

Single Source Entity's Name: Oswego County

or
Single Source Person's Last Name:

First Name:

Address: 46 E. Bridge Street

City: Oswego

State: NY

ZIP code: 13126

Phone:

Date Contribution Received: 1 / 14 / 2013 Amount of Contribution: \$ 1604 .00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source # 45

Single Source Entity's Name: Otsego County

or
Single Source Person's Last Name:

First Name:

Address: PO Box 265

City: Cooperstown

State: NY

ZIP code: 13326

Phone:

Date Contribution Received:	<u>1 / 14 / 2013</u>	Amount of Contribution: \$	<u>716</u> .00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions:

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Contributions from Single Source # 46

Single Source Entity's Name: Public Employer Risk Management Assoc

or
Single Source Person's Last Name:

First Name:

Address: PO Box 12250

City: Albany

State: NY

ZIP code: 12212

Phone:

Date Contribution Received:	<u>1 / 11 / 2013</u>	Amount of Contribution: \$	<u>1095</u> .00
Date Contribution Received:	<u>2 / 15 / 2013</u>	Amount of Contribution: \$	<u>1465</u> .00
Date Contribution Received:	<u>3 / 15 / 2013</u>	Amount of Contribution: \$	<u>2037</u> .00
Date Contribution Received:	<u>4 / 19 / 2013</u>	Amount of Contribution: \$	<u>391</u> .00
Date Contribution Received:	<u>6 / 20 / 2013</u>	Amount of Contribution: \$	<u>91</u> .00

Check here if using section V(C) of the Addendum for additional Contributions:

☐

Contributions from Single Source # 47

Single Source Entity's Name: Pro Act Inc

or
Single Source Person's Last Name:

First Name:

Address: 29 East Main Street

City: Gouverneur

State: NY

ZIP code: 13642

Phone:

Date Contribution Received:	<u>1 / 3 / 2013</u>	Amount of Contribution: \$	<u>281</u> .00
Date Contribution Received:	<u>2 / 11 / 2013</u>	Amount of Contribution: \$	<u>162</u> .00
Date Contribution Received:	<u>5 / 28 / 2013</u>	Amount of Contribution: \$	<u>3572</u> .00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions:

☐

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source # 48Single Source Entity's Name: Putnam Countyor
Single Source Person's Last Name:

First Name:

Address: 40 Gleneida AveCity: CarmelState: NYZIP code: 10512

Phone:

Date Contribution Received:	<u>1/28/2013</u>	Amount of Contribution: \$	<u>1390</u>	.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐**Contributions from Single Source # 49**Single Source Entity's Name: Rensselaer Countyor
Single Source Person's Last Name:

First Name:

Address: County office Building 1600 7th AveCity: TroyState: NYZIP code: 12180

Phone:

Date Contribution Received:	<u>1/11/2013</u>	Amount of Contribution: \$	<u>1368</u>	.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐**Contributions from Single Source # 50**Single Source Entity's Name: Rockland Countyor
Single Source Person's Last Name:

First Name:

Address: 18 New Hempstead RdCity: New CityState: NYZIP code: 10956

Phone:

Date Contribution Received:	<u>3/1/2013</u>	Amount of Contribution: \$	<u>3637</u>	.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source # 51

Single Source Entity's Name: Salient Corporation

or
Single Source Person's Last Name:

First Name:

Address: 203 Colonial Dr

City: Horseheads

State: NY

ZIP code: 14845

Phone:

Date Contribution Received:	<u>11/1/2013</u>	Amount of Contribution: \$	<u>200.00</u>
Date Contribution Received:	<u>3/13/2013</u>	Amount of Contribution: \$	<u>2300.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$	<u>.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$	<u>.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$	<u>.00</u>

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source # 52

Single Source Entity's Name: Saratoga County

or
Single Source Person's Last Name:

First Name:

Address: County Municipal Center 40 McMaster Street

City: Ballston Spa

State: NY

ZIP code: 12020

Phone:

Date Contribution Received:	<u>4/1/2013</u>	Amount of Contribution: \$	<u>1733.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$	<u>.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$	<u>.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$	<u>.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$	<u>.00</u>

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source # 53

Single Source Entity's Name: Schenectady County

or
Single Source Person's Last Name:

First Name:

Address: 620 State Street

City: Schenectady

State: NY

ZIP code: 12305

Phone:

Date Contribution Received:	<u>2/6/2013</u>	Amount of Contribution: \$	<u>1429.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$	<u>.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$	<u>.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$	<u>.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$	<u>.00</u>

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source #3 54

Single Source Entity's Name: Schoharie County

or
Single Source Person's Last Name:

First Name:

Address: 114 Rock Road

City: Cobleskill

State: NY

ZIP code: 12043

Phone:

Date Contribution Received:	<u>11/10/2013</u>	Amount of Contribution: \$	<u>510</u>	.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions:

☐

Contributions from Single Source # 55

Single Source Entity's Name: Seneca County

or
Single Source Person's Last Name:

First Name:

Address: 1 Dipronio Drive

City: Waterloo

State: NY

ZIP code: 13165

Phone:

Date Contribution Received:	<u>11/17/2013</u>	Amount of Contribution: \$	<u>513</u>	.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions:

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Contributions from Single Source # 56

Single Source Entity's Name: St. Lawrence County

or
Single Source Person's Last Name:

First Name:

Address: 48 Court St. Courthouse

City: Canton

State: NY

ZIP code: 13617

Phone:

Date Contribution Received:	<u>11/10/2013</u>	Amount of Contribution: \$	<u>1038</u>	.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions:

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Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source #357

Single Source Entity's Name: Steuben County

or
Single Source Person's Last Name:

First Name:

Address: 3 East Bulteney Square

City: Bath

State: NY

ZIP code: 14810

Phone:

Date Contribution Received:	<u>11/28/2013</u>	Amount of Contribution: \$	<u>966</u> .00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions:

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Contributions from Single Source #58

Single Source Entity's Name: Suffolk County

or
Single Source Person's Last Name:

First Name:

Address: H. Lee Dennison Bldg. PO Box 6100

City: Hauppauge

State: NY

ZIP code: 11788

Phone:

Date Contribution Received:	<u>3/1/2013</u>	Amount of Contribution: \$	<u>5500</u> .00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions:

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Contributions from Single Source #59

Single Source Entity's Name: Sullivan County

or
Single Source Person's Last Name:

First Name:

Address: County Government Center 100 North Street PO Box 5012

City: Monticello

State: NY

ZIP code: 12701

Phone:

Date Contribution Received:	<u>3/15/2013</u>	Amount of Contribution: \$	<u>997</u> .00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions:

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Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source #360

Single Source Entity's Name: Tioga County

or
Single Source Person's Last Name:

First Name:

Address: County Office Bldg. 56 Main Street

City: Owego

State: NY

ZIP code: 13827

Phone:

Date Contribution Received:	<u>11/14/2013</u>	Amount of Contribution: \$	<u>642.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$	<u>.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$	<u>.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$	<u>.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$	<u>.00</u>

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source #61

Single Source Entity's Name: Tompkins County

or
Single Source Person's Last Name:

First Name:

Address: 320 N. Tioga Street

City: Ithaca

State: NY

ZIP code: 14850

Phone:

Date Contribution Received:	<u>11/10/2013</u>	Amount of Contribution: \$	<u>992.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$	<u>.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$	<u>.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$	<u>.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$	<u>.00</u>

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source #62

Single Source Entity's Name: Ulster County

or
Single Source Person's Last Name:

First Name:

Address: PO Box 1800 244 Fair Street

City: Kingston

State: NY

ZIP code: 12402

Phone:

Date Contribution Received:	<u>2/12/2013</u>	Amount of Contribution: \$	<u>1840.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$	<u>.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$	<u>.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$	<u>.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$	<u>.00</u>

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source # 63

Single Source Entity's Name: Warren County

or
Single Source Person's Last Name:

First Name:

Address: Municipal Center 1340 State St. R+9

City: Lake George

State: NY

ZIP code: 12845

Phone:

Date Contribution Received:	<u>3/29/2013</u>	Amount of Contribution: \$	<u>918</u> .00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source # 64

Single Source Entity's Name: Washington County

or
Single Source Person's Last Name:

First Name:

Address: 383 Upper Broadway

City: Fort Edward

State: NY

ZIP code: 12823

Phone:

Date Contribution Received:	<u>1/25/2013</u>	Amount of Contribution: \$	<u>709</u> .00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source # 65

Single Source Entity's Name: Wayne County

or
Single Source Person's Last Name:

First Name:

Address: 26 Church Street

City: Lyons

State: NY

ZIP code: 14489

Phone:

Date Contribution Received:	<u>1/17/2013</u>	Amount of Contribution: \$	<u>953</u> .00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source #366

Single Source Entity's Name: Westchester County

or
Single Source Person's Last Name:

First Name:

Address: 148 Martine Ave

City: White Plains

State: NY

ZIP code: 10601

Phone:

Date Contribution Received:	<u>1/10/2013</u>	Amount of Contribution: \$	<u>6045</u> .00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source #67

Single Source Entity's Name: Wyoming County

or
Single Source Person's Last Name:

First Name:

Address: Government Center 143 N. Main Street

City: Warsaw

State: NY

ZIP code: 14569

Phone:

Date Contribution Received:	<u>2/6/2013</u>	Amount of Contribution: \$	<u>568</u> .00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source #_____

Single Source Entity's Name:

or

Single Source Person's Last Name:

First Name:

Address:

City:

State:

ZIP code:

Phone:

Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00
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Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

Instructions: Below, list all Contributions received from the Single Source or, if applicable, the Related, Affiliated Entity or Person. Include the date of the Contribution received and the amount of the Contribution.

Contributions from Single Source # 68

or
Single Source (or Related or Affiliated) Person's Last Name: First Name:

City: Albany

State: NY

ZIP code: 12205

Phone:

Date Contribution Received: 11/31/2013 Amount of Contribution: \$ 277.00

Date Contribution Received: 2/28/2013 Amount of Contribution: \$ 277.00

Date Contribution Received: 3 / 31 / 2013 Amount of Contribution: \$ 277 .00

Date Contribution Received: 4 / 30 / 2013 Amount of Contribution: \$ 277 .00

Date Contribution Received: 5/31/2013 Amount of Contribution: \$ 277.00

Date Contribution Received: 6/30/2013 Amount of Contribution: \$ 277.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

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Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

Instructions: Below, list all Contributions received from the Single Source or, if applicable, the Related, Affiliated Entity or Person. Include the date of the Contribution received and the amount of the Contribution.

Contributions from Single Source # 69

Single Source(or Related or Affiliated) Entity's Name: NYATEP

or
Single Source (or Related or Affiliated) Person's Last Name: First Name:

Address: 540 Broadway

City: Albany

State: NY

ZIP code: 12207

Phone:

Date Contribution Received: 1 / 31 / 2013 Amount of Contribution: \$ 184 .00

Date Contribution Received: 2 / 28 / 2013 Amount of Contribution: \$ 184 .00

Date Contribution Received: 3 / 31 / 2013 Amount of Contribution: \$ 184 .00

Date Contribution Received: 4/30/2013 Amount of Contribution: \$ 184.00

Date Contribution Received: 5 / 31 / 2013 Amount of Contribution: \$ 184.00

Date Contribution Received: 6/30/2013 Amount of Contribution: \$ 184.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

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Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

Instructions: Below, list all Contributions received from the Single Source or, if applicable, the Related, Affiliated Entity or Person. Include the date of the Contribution received and the amount of the Contribution.

Contributions from Single Source # 70

Single Source (or Related or Affiliated) Entity's Name: NYS Association of County Administrators

or
Single Source (or Related or Affiliated) Person's Last Name: First Name:

Address: 540 Broadway

City: Albany

State: NY

ZIP code: 12207

Phone:

Date Contribution Received: 1/31/2013 Amount of Contribution: \$ 93.00

Date Contribution Received: 2/28/2013 Amount of Contribution: \$ 93.00

Date Contribution Received: 3 / 31 / 2013 Amount of Contribution: \$ 93.00

Date Contribution Received: 4/30/2013 Amount of Contribution: \$ 93.00

Date Contribution Received: 5/31/2013 Amount of Contribution: \$ 93.00

Date Contribution Received: 6/30/2013 Amount of Contribution: \$ 93.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

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Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

Instructions: Below, list all Contributions received from the Single Source or, if applicable, the Related, Affiliated Entity or Person. Include the date of the Contribution received and the amount of the Contribution.

Date Contribution Received:	7	7	Amount of Contribution: \$.00
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Designated Addendum sheet for section V(C)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

Instructions: Below, list all Contributions received from the Single Source or, if applicable, the Related, Affiliated Entity or Person. Include the date of the Contribution received and the amount of the Contribution.

C Single Source Information for one Person or Entity for a single Contribution.

Contributions from Single Source # 72

Single Source(or Related or Affiliated) Entity's Name: NYS Association of County Executives

or
Single Source (or Related or Affiliated) Person's Last Name: First Name:

Address: 540 Broadway

City: Albany

State: NY

ZIP code: 12207

Phone:

Date Contribution Received: 1 / 31 / 2013 Amount of Contribution: \$ 1042.00

Date Contribution Received: 2/28/2013 Amount of Contribution: \$ 1042.00

Date Contribution Received: 3 / 31 / 2013 Amount of Contribution: \$ 1042.00

Date Contribution Received: 4/30/2013 Amount of Contribution: \$ 1042.00

Date Contribution Received: 5/31/2013 Amount of Contribution: \$ 1042.00

Date Contribution Received: 6 / 30 / 2013 Amount of Contribution: \$ 1042.00

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Date Contribution Received: / / Amount of Contribution: \$.00

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

Instructions: Below, list all Contributions received from the Single Source or, if applicable, the Related, Affiliated Entity or Person. Include the date of the Contribution received and the amount of the Contribution.

Contributions from Single Source # 73

Single Source (or Related or Affiliated) Person's Last Name:

First Name:

Address: 136 Everett Rd

City: Albany

State: NY

ZIP code: 12207

Phone:

Date Contribution Received: 1 / 31 / 2013 Amount of Contribution: \$ 250.00

Date Contribution Received: 2 / 28 / 2013 Amount of Contribution: \$ 150.00

Date Contribution Received: 3 / 31 / 2013 Amount of Contribution: \$ 250.00

Date Contribution Received: 4 / 30 / 2013 Amount of Contribution: \$ 250.00

Date Contribution Received: 5 / 31 / 2013 Amount of Contribution: \$ 250.00

Date Contribution Received: 6 / 30 / 2013 Amount of Contribution: \$ 250.00

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V Source of Funding Disclosure**B Single Source information for a Contribution(s) from multiple, Related, or Affiliated Entities.****Contributions from Single Source #1**

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions:☐

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions:☐**Check here if using section V(B) of the Addendum for additional Related, or Affiliated Entities or Persons:**☐**Contributions from Single Source #2**

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions:☐

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions:☐**Check here if using section V(B) of the Addendum for additional Related, or Affiliated Entities or Persons:**☐**Check here if there are Contribution(s) from Single Source(s) other than those listed above. Use Section V(B) of the Addendum to list all such Contributions:**☐

VI Subjects lobbied:

Issues affecting County Government
including unfunded mandates

☐ Continued on attached pages

VII Person, State Agency, Municipality or Legislative Body lobbied:

Governors office, NYS Legislature,
NYS Comptroller office, State Agencies &
Commissions

☐ Continued on attached pages

VII Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

☒ Continued on attached pages

VIII Title and Identifying Numbers of procurement contracts/documents lobbied:

N/A

☐ Continued on attached pages

IX Number or Subject Matter of Executive Order of Governor/Municipality lobbied:

N/A

☐ Continued on attached pages

X Subject Matter of and Tribes involved in tribal-state compacts, etc lobbied:

N/A

☐ Continued on attached pages

XI Declaration

This Declaration must be signed by the Chief Administrative Officer. (If the Chief Administrative Officer, for any reason, does not sign, he/she must duly designate another person to sign this Declaration.) **(See instructions.)**

I declare under penalty of perjury that the information contained in this report is true, correct, and complete to the best of my knowledge and belief.

X SIGNATURE: 

DATE: 7-12-13

PRINT NAME: LAST Catalfamo

FIRST Karen

TITLE: Fiscal / Office Manager

Mark One: ☐ Chief Administrative Officer ☒ Designee (Attach Letter)

The following MUST be attached to this report at the time of submission:

- You must attach a **\$50 dollar filing fee** to each semi-annual report. (No fee is required for amendments to the original)
- If applicable, a designation letter if you have marked designee in section XI.
- If applicable, continuation sheets for sections III, IV, V, VI, VII, VIII, IX and X.

PLEASE NOTE You may be assessed up to \$25 for each day this report is late.